Dear applicant,

It is required that all forms are completely filled in and all additional documents submitted for an application to be considered for admission. The following checklist will help you keep track of what you are still missing. Be advised that a missing document will hold the entire admission process and the generation of your form I-20 may be delayed.

**Students Applying for Intensive English Program**

- Parent / Student Consent form (page 1)
- Financial Certification (page 2)
- Medical Consent (pages 3a & b)
- Medical History (page 4)
- Immunization Record form (page 5)
- Immunization compliance form (page 6)

**Additional Documents to support application**

- Digital Picture passport style
- Copy of passport (biographical page only)
- Sponsor letter from school OR bank statement
- Copy of vaccination card showing 2 MMR shots

**Students Applying for Any Other Program**

- Parent / Student Consent form (page 1)
- Financial Certification (page 2)
- Medical Consent (pages 3a & b)
- Medical History (page 4)
- Immunization form (page 5)
- Immunization compliance form (page 6)
- 2 teachers’ recommendation letter (pages 7a & b)
- Principal or Advisor’s Consent form (page 8)
- Language Proficiency Form (pages 9a & b) in case of not having a TOEFL score or other accepted Standardized English test, or not reaching the minimum score required.

**Additional Documents to support application**

- Digital picture passport style
- Copy of passport (biographical page only)
- Sponsor letter from school OR bank statement
- Copy of vaccination card showing 2 MMR shots
- Copy of your latest TOEFL of other accepted English Examination score
- Copy of your transcript translated into English
COMPLETED BY PARENT
I give my permission for the release of my child’s transcripts, test scores, and academic information to the Summer College for High School Students at The University of Mississippi.

Student’s Full Name

Parent/Guardian Name (PRINT)

Parent/Guardian Signature Date

PARENT / STUDENT CONSENT
Do you give permission for your child to be: Photographed/videotaped for instruction/publicity?

- Yes  - No

Taken on class/weekend trips by The University of Mississippi?

- Yes  - No

Certification: I certify that all the information supplied for this form is true. I understand that giving false information or withholding information may make me ineligible for admission to The University of Mississippi.

Student Signature Date

Parent/Guardian Signature Date

There is a non-refundable fee charge of $100. To pay by credit card (VISA or MasterCard), please call the SCHS office at (662) 915-7621.

* The University of Mississippi will not charge students unless they have been admitted to SCHS.

Contact Information for the Office of Pre-College Programs:

Ariadna Lugo
International Admissions Counselor
Email: precollegeintl@olemiss.edu
Phone: (662) 915-7621
Fax: (662) 915-1535
Website: www.olemiss.edu/SCHS

Mailing Address:
Summer College for High School Students
Outreach and Continuing Education
P.O. Box 1848
University, MS 38677-1848

The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age disability, veteran status, or genetic information.
In order to obtain a visa to enter the United States, international students must prove that they will have adequate financial support. The following is an ESTIMATED budget for a single student who is planning to attend the Summer College at The University of Mississippi:

<table>
<thead>
<tr>
<th>Cost</th>
<th>4 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Cost</td>
<td>$2,550</td>
</tr>
<tr>
<td>Application Fee</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Total Base Price</strong></td>
<td><strong>$2,650</strong></td>
</tr>
<tr>
<td><strong>Additional expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Books (estimated)</td>
<td>$200</td>
</tr>
<tr>
<td>Weekend Meals (estimated)</td>
<td>$200</td>
</tr>
<tr>
<td><em>Books and Weekend Meals are payable upon arrival.</em></td>
<td></td>
</tr>
<tr>
<td><strong>Total with additional expenses</strong></td>
<td><strong>$3,050</strong></td>
</tr>
<tr>
<td><strong>Optional Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Nashville Excursions</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Grand Total including additional and optional</strong></td>
<td><strong>$3,350</strong></td>
</tr>
</tbody>
</table>

Once a student is admitted we will send an I-20 and an invoice with the remaining balance due to the student. That payment is due by April 29, 2016 for the first session and May 12, 2016 for the second session. These are estimated based on minimum expenditures and current fees. Estimates do not include travel from the home country or in the United States. Students make choices about miscellaneous expenses, which greatly affect the total amount spent (weekend meals, snacks, entertainment, clothing, excursions, souvenirs, etc.). These personal expenses are not included in the I-20 amount.

Before we send you an I-20, we must receive one of the following:

1. Students who will be sponsored by a friend or family member must have the sponsor complete and sign the Declaration of Sponsor below. The sponsor must provide a bank letter showing savings or bank deposits equal to the total amount of the estimated expenses indicated in item one (1).
2. Students who have official government or agency sponsors should submit the standard sponsorship documents used by them to guarantee financial support.

**Declaration of Sponsor**

Name of Student

Name of Sponsor

Relationship to Student

Address of Sponsor

*I have read the estimated budget for the Summer College for High School Students Program at The University of Mississippi. I agree to support the applicant named above during his/her period of study.*

Signature of Sponsor / Date
This form grants permission to the Summer College for High School Students and The University of Mississippi to seek medical treatment for a student in case of emergency or the need to see a physician arises. **A copy of all insurance forms needed for treatment must be included with this form.**

Student Name ____________________________ Birth Date (Month/Day/Year)

Custodial Parent or Guardian Name

Place of Employment

Parent Home Phone ____________________________ Parent Cell Phone ____________________________

International Insurance Company

Insurance Policy Number ____________________________ International Insurance Policy Expiration ____________________________

Name of Person Carrying Insurance

* Please attach a copy of the card, and any other documents needed to seek treatment in the United States.

Home Family Physician

(_______) ____________________________ (_______) ____________________________

Physician’s Office Telephone Fax

Date of Last Tetanus Immunization or Booster Shot: ____________________________

Please list any medical condition for which your child is being treated at this time:

____________________________________________________________________________________

____________________________________________________________________________________

Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues?  

☐ Yes  ☐ No

*If yes, please make sure that you have seen the physician to have your child cleared for participation in this program.*

Also if yes, please list any medication taken:

____________________________________________________________________________________

List any other medications taken:

____________________________________________________________________________________

Continued
List any food or medications your child is allergic to:
_________________________________________________________________________________________________

List any restrictions of physical activity that may apply to your child:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Are there any disabilities or conditions that would prevent your child from participating in this program without special accommodations? If yes, what kinds of accommodations are needed?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Medical Treatment Consent and Liability Release

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment, and give permission to The University of Mississippi Pre-College Program Staff to seek treatment for said student, in the event of an injury or illness while at The University of Mississippi. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.

__/_______/___________
Parent/Guardian Signature         Date
This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and authorization.

Name: Last  First  Middle

Home Address: No. and Street  City  State  ZIP Code

Next of Kin

Address: No. and Street  City  State  ZIP Code

Date of Birth (Month/Day/Year)  Parent’s Cell Phone  Home Phone  Parent’s Business Phone

**Personal History** *(Please comment on positive answers under remarks.)*

<table>
<thead>
<tr>
<th>Have You Had?</th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Allergies:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Penicillin</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Serum</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foods</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks or additional information *(Any special requests for privileges such as access to undesignated parking areas should be stated here with a letter attached from your physician.)*

Signature of Parent  __________________________  __/____/____

If a student is under the age of 18 at the time of enrollment at The University of Mississippi, a parent must sign giving permission for treatment at Student Health Services.

Signature of Student  __________________________  __/____/____
Immunization Requirement: Any student entering The University of Mississippi whose birthday is after January 1, 1957, is required to submit proper documentation of immunization for measles, mumps, and rubella prior to registering for University courses. Please have your physician or local health department either fill out the Certificate of Compliance form or use the Mississippi State Board of Health Form #121 (available at local Health Department or physician’s office). NO OTHER TYPE OF IMMUNIZATION RECORD WILL BE ACCEPTABLE.

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth (Month/Day/Year)</th>
</tr>
</thead>
</table>

### 1st MMR Vaccination

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1st Vaccination</th>
<th>2nd Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
<tr>
<td>Mumps</td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
<tr>
<td>Rubella</td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
</tbody>
</table>

### OR

Measles, Mumps, and Rubella may be given instead of MMR immunizations.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1st Vaccination</th>
<th>2nd Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OR

Proof of immunity may be provided through serologic testing, or from record of having all of the diseases:

- Serologic confirmation of immunity to Measles. Copies of lab results must accompany form.
- Serologic confirmation of immunity to Mumps. Copies of lab results must accompany form.
- Serologic confirmation of Rubella. Copies of lab results must accompany form.
- Had Measles. Attach office records.
- Had Mumps. Attach office records.
- Had Rubella. Attach office records.
- Medically contraindicated because of pregnancy, allergy to vaccine, immune compromised, etc.

List Reason(s):

If temporary, when can the vaccination be given?

Other recommended but not required immunizations:

- DT/DTaP: Last Date
- Polio: Last Date
- Meningitis: Date
- Varicella: Date
- Hepatitis B Series: 1st Date 2nd Date 3rd Date

All documentation MUST be signed by a physician or authorized health care provider and accompanied by an office stamp with address.

Signature of Health Care Provider

Address: __________________________  City / State / ZIP Code: __________________________  Phone No.: __________________________
Before enrollment, some immunizations and tests are required in order to meet Mississippi State Department of Health and Institutions of Higher Learning guidelines.

Any international student entering the University of Mississippi, whose birthday is after January 1, 1975, is required by law to show proof of the following immunizations:

- Measles
- Mumps
- Rubella

These immunizations are typically administered in the form of a single vaccine (MMR) given in two doses. The first dose must have been given AFTER the first birthday. Immunizations taken prior to the first 12 months of birth will not count towards the required doses.

The student must show proof of vaccinations OR provide official lab results showing serologic confirmation of immunity, OR provide medical records of having had these diseases. Students who fail to provide the required documentation to prove immunity from Measles, Mumps and/or Rubella will be required to take one or more doses of the MMR vaccine upon arrival.

The cost of one dose of the MMR vaccine is US $10 for students under the age of 18, and US $95 for students over the age of 18.

**Medical Exemptions:** Exemptions for the required MMR doses will be accepted only on medical grounds with a written statement from the family doctor explaining the conditions that do not allow the student to take this vaccination. If there is a temporary restriction, the doctor should also establish when the student can receive the shot.

**TB Skin Testing:** It is also a requirement for students to get a skin test and a chest X-ray upon arrival. These two tests are given at the Student Health Center on campus during a single visit. After 72 hours the student is required to return to the Health Center to have the tests read. The cost of the test is covered by the International Aetna Student Health Insurance* issued to students as part of their program. However, if the student fails to attend to the test reading, the cost of a second test will be charged to the student.

**Please note:** The student will be unable to enroll to any class if the immunizations and the TB tests are not completed. If any immunization is missing, we strongly encourage to get the needed doses before coming to the program.

*For Tec de Monterrey students, this fee is already included in the cost of the program.

I have read and understood the health and immunization requirements for attendance in the Summer College for High School Students program at the University of Mississippi.

_________________________________________________     _____________________________________________
Signature of Parent      Signature of Student
TO THE TEACHER:
This student is applying for admission to The University of Mississippi’s Summer College for High School Students. Your evaluation of the student will be considered by the admission committee to determine the student's eligibility for the program. Your responses are confidential, so please be candid.

STUDENT’S NAME:  Last     First     Middle

1. What words come to your mind to describe the student’s academic ability? __________________________________________________________________________________ ________________________________ __________________________________________________________________________________

2. What specific strengths and weaknesses have you seen in the student? __________________________________________________________________________________ ________________________________ __________________________________________________________________________________

3. How would you describe the student’s work in your class(es)? __________________________________________________________________________________ _____________________________________________

Teacher’s Name (Please Print Name Here)   Teacher’s Signature

Position         School

School Address:  No. and Street   City    State   ZIP Code

MODIFIED RENZULLI-HARTMAN SCALE

DIRECTIONS: Please read the statements carefully and score according to the scale located below:
Seldom or never observed this characteristic, score: 1; Observed this characteristic occasionally, score: 2; Observed this characteristic to a considerable degree, score: 3; Observed this characteristic almost all of the time, score: 4; IF UNSURE of characteristic’s presence, score as: X

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Displays a great deal of curiosity about many things; constantly asking questions.</td>
<td></td>
</tr>
<tr>
<td>2. Generates a large number of ideas or solutions to problems and questions; often offers unique, clever responses.</td>
<td></td>
</tr>
<tr>
<td>3. Is uninhibited in expression of opinion; is tenacious.</td>
<td></td>
</tr>
<tr>
<td>4. Displays intellectual thoughtfulness; is often concerned with adapting, improving, &amp; modifying institutions, objects, and systems.</td>
<td></td>
</tr>
<tr>
<td>5. Becomes absorbed and truly involved in certain topics or problems; is persistent in seeking task completion.</td>
<td></td>
</tr>
<tr>
<td>6. Needs little external motivation to follow through in assignments.</td>
<td></td>
</tr>
<tr>
<td>7. Strives toward perfection; is not easily satisfied.</td>
<td></td>
</tr>
<tr>
<td>8. Is interested in many &quot;adult&quot; problems such as religion, politics, gender, race—more than usual for age level.</td>
<td></td>
</tr>
<tr>
<td>9. Has an advanced vocabulary; verbal behavior characterized by richness of expression, elaboration &amp; fluency.</td>
<td></td>
</tr>
<tr>
<td>10. Has rapid insight into cause-effect relationships; tries to discover the how &amp; why of things; asks many provocative questions.</td>
<td></td>
</tr>
<tr>
<td>11. Is a keen and alert observer; usually &quot;see more&quot; or &quot;gets more&quot; out of a story, film, etc., than others.</td>
<td></td>
</tr>
<tr>
<td>12. Reads a great deal on his/her own; does not avoid difficult material.</td>
<td></td>
</tr>
<tr>
<td>13. Carries responsibility well; can be counted on to do what he/she has promised.</td>
<td></td>
</tr>
<tr>
<td>14. Adapts readily to new situations; flexible in thought and action; not disturbed when the normal routine is changed.</td>
<td></td>
</tr>
<tr>
<td>15. Tends to lead others; generally directs the activity in which he/she is involved.</td>
<td></td>
</tr>
<tr>
<td>16. Participation in activities connected with the school; can be counted on to be there if anyone is.</td>
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TO THE TEACHER:
This student is applying for admission to The University of Mississippi's Summer College for High School Students. Your evaluation of the student will be considered by the admission committee to determine the student's eligibility for the program. Your responses are confidential, so please be candid.

STUDENT'S NAME: Last     First     Middle

1. What words come to your mind to describe the student’s academic ability?
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_________________________________________________________________________________________________

2. What specific strengths and weaknesses have you seen in the student?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

3. How would you describe the student’s work in your class(es)?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Teacher's Name (Please Print Name Here)   Teacher's Signature

Position         School

School Address:  No. and Street   City    State   ZIP Code

MODIFIED RENZULLI-HARTMAN SCALE
DIRECTIONS: Please read the statements carefully and score according to the scale located below:
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<tr>
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<td></td>
</tr>
</tbody>
</table>
COMPLETED BY PRINCIPAL

I, ___________________________________________ give my permission for this student to attend The University of Mississippi’s Summer College for High School Students. I certify that this student is in good academic and conduct standing at our school.

Principal’s Signature ___________________________________________ Date __________/________/_________

COMPLETED BY COUNSELING STAFF*

Name of School ______________________________________________________

College Counselor ____________________________________________________ Email ______________________________________________________

School Address ______________________________________________________

City ___________________________________________ State ___________________________________________ ZIP Code ___________________________________________

(_______) ________________________________ (_______) ________________________________

School Phone ___________________________________________ School Fax ___________________________________________

*Please provide a copy of this student’s standardized test scores and his/her academic transcript covering credit granted from the beginning of high school until the present, including the Fall Semester. Also include a copy of the student’s Spring Semester course schedule. This information, along with the Teacher Recommendation forms and the English Proficiency form, should be mailed to precollegeintl@olemiss.edu by the School Counselor.
Section A
Name of Applicant:
is applying for admission to the University of Mississippi’s Summer College for High School Students. To verify the candidate’s language proficiency, the applicant must prove proficiency in English by one of the following methods. Please mark the one you are presenting:

____ Candidate is from an English speaking country *

____ Candidate has proven English proficiency through an approved standardized test score

** (attach scores)

____ Candidate attends to a school in his/her home country where English is the language of all course instruction. (If you select this option, please complete section B)

*American Samoa, Australia, Bahamas, Barbados, Belize, Canada (Except Quebec), Dominica, Grenada, Grand Cayman, Guyana, Ireland, Jamaica, Liberia, Malta, Montserrat, New Zealand, St. Kitts and Nevis, St. Lucia, St. Vincent & the Grenadines, Sierra Leone, Trinidad/Tobago, Turks and Caicos Island, United Kingdom, U.K. Virgin Islands, U.S. Virgin Islands.

** Approved Test Scores:
TOEFL Internet Based Test (iBT): 79 or higher
IELTS: 6.5 overall band score or higher
PTE-A: 53 or higher

Section B (only required if option 3 above was selected)
Students will be required to attend lectures, participate in class discussions, write assignments, take notes, and understand written texts at a collegiate academic level. It is in the student’s best interest that you give us a candid assessment of his/her English language abilities to not only determine eligibility to the program, but also possibility of success in his/her classes.

Note: Students who do not meet the language requirement would still be eligible to participate in the Summer College for High School Students through the Intensive English Program.

Use the following scoring criteria to describe his/her abilities.

Based on your academic knowledge of the applicant, score his/her language abilities as follows: (Criteria taken from TOEFL iBT rubrics)

1. IF UNSURE of this characteristic presence
2. Observed this characteristic seldom or never
3. Observed this characteristic occasionally
4. Observed this characteristic to a considerable degree
5. Observed this characteristic almost all of the time

<table>
<thead>
<tr>
<th>Reading Skills</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses a high command of academic vocabulary and grammatical structures</td>
<td></td>
</tr>
<tr>
<td>Understands and connects information, makes inferences, synthesizes ideas from conceptually dense and complex texts</td>
<td></td>
</tr>
<tr>
<td>Abstracts major ideas from conceptually dense academic texts</td>
<td></td>
</tr>
<tr>
<td>Recognizes the organization of a text and how specific information serves within the larger text</td>
<td></td>
</tr>
</tbody>
</table>
Language Proficiency Verification Form

**Writing Skills**

- Has precision in summarizing main points
- Uses grammatically accurate and clear English
- Uses rhetorical figures to express ideas more clearly
- Elaborates and connects ideas in organized, well developed texts

**Listening Skills**

- Understands conversations and lectures on a wide variety of topics
- Understands implied and explicit main ideas and how they are organized
- Understands the different ways a speaker uses language for purposes other than conveying information
- Synthesizes and makes correct inferences on the basis of oral or verbal information

**Speaking Skills**

- Communicates personal experiences and opinions effectively, in well-organized and coherent speech.
- Has clear and fluent speech
- Has the ability to develop conversations that typically happens in a university environment

Please mark as you consider appropriate:

- [ ] I do not approve the applicant for study abroad in this language
- [ ] I conditionally approve the applicant for study abroad in this language (explain):

Please mark as you consider appropriate:

- [ ] I unconditionally approve the applicant for study abroad in this language.

Instructor’s Name: ___________________________  Instructor’s Position: ___________________________  Signature: ___________________________

(_______) _____________  Instructor’s Phone Number: ___________________________  Instructor’s Email Address: ___________________________  Date: __________/_____/_______

School Address:  No. and Street: ___________________________  City: ___________________________  State: ___________________________  ZIP Code: ___________________________